

STATE OF NEW JERSEY
1999 PROPERTY TAX REIMBURSEMENT APPLICATION
THIS IS NOT A HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions	Your Social Security Number <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>	Last Name, First Name and Initial (Joint applicants enter first name and initial of each - Enter spouse last name ONLY if different)		Place label on form you file. Make all necessary changes on label.
	Spouse's Social Security Number <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>	Home Address (Number and Street, including apartment number or rural route)		
	County/Municipality Code (See Table page 9) <div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>	City, Town, Post Office	State	

1. RESIDENCY STATUS: ☐ Homeowner ☐ Mobile Home Owner

TO BE ELIGIBLE FOR THE REIMBURSEMENT YOU MUST:

- A. Be age 65 or over OR receiving Federal Social Security disability benefits;
- B. Own a home OR lease a site in a mobile home park;
- C. Be domiciled in New Jersey for at least 10 consecutive years and have been a homeowner or tenant during that time;
- D. Have owned and lived in the home for which the reimbursement is being claimed for at least 3 years;
- E. Have total annual income in 1998 of less than \$17,918, if single or, if married, have total annual income combined with spouse less than \$21,970.
- F. Have total annual income in 1999 of less than \$18,151, if single or, if married, have total annual income combined with spouse less than \$22,256.

If you did not satisfy requirements A through D for both 1998 and 1999 you are not eligible for the reimbursement and you should not file this application. If you satisfied requirements A through D for both 1998 and 1999 you must now complete the worksheets on the back to determine whether you also satisfy the income requirements in E and F.

2. Enter the amount of 1998 Total Income from Worksheet A, Line p. (See reverse) 2. ,
3. 1998 Marital Status: ☐ Single ☐ Married
4. Did you meet all of the eligibility requirements as of 12/31/98? If "Yes" check the box ☐ and proceed to Worksheet B. If "No" you are not eligible for the reimbursement and you should not file this application.
5. Enter the amount of 1999 Total Income from Worksheet B, Line p. (See reverse) 5. ,
6. 1999 Marital Status: ☐ Single ☐ Married
7. Did you meet all of the eligibility requirements as of 12/31/99? If "Yes" check the box ☐. If "No" you are not eligible for the reimbursement and you should not file this application.
8. Enter the address for which you are claiming the reimbursement if different from above.
- Street address _____ Municipality _____
9. Homeowners: Enter the block and lot number of the residence for which the property tax reimbursement is being claimed.
- | | | |
|---|---|---|
| Block | Lot | Qualifier |
| <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> |
10. Enter your total 1999 property taxes due and paid on your principal residence.
(Mobile Home Owners enter 18% of total 1999 site fee due and paid \$_____ x .18) 10. ,
11. Enter your total 1998 property taxes due and paid on your principal residence.
(Mobile Home Owners enter 18% of total 1998 site fee due and paid \$_____ x .18) 11. ,

REIMBURSEMENT AMOUNT

12. Subtract Line 11 from Line 10. 12. ,
- If Line 12 is less than or equal to zero you are not eligible for a property tax reimbursement and you should not file this application.

Division Use

SIGN HERE	Under the penalties of perjury, I declare that I have examined this Property Tax Reimbursement Application, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.		Due Date: March 15, 2000
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Your Signature</div> <div style="width: 10%;">Date</div> <div style="width: 45%;">Spouse's Signature (if applying jointly, BOTH must sign)</div> </div> </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> </div>		Mail your completed application to: NJ Division of Taxation Revenue Processing Center PO Box 635 Trenton, NJ 08646-0635 Tax Reimbursement Hotline: 1-800-882-6597
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Paid Preparer's Signature</div> <div style="width: 45%;">Federal Identification Number</div> </div>		
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Firm's Name</div> <div style="width: 45%;">Federal Employer Identification Number</div> </div>		

WORKSHEET A
1998 TOTAL INCOME

If you were married as of 12/31/98, you must combine your income with your spouse's income.

- a. Social Security Benefits _____
(including Medicare Part B premiums)
- b. Total Pension Income _____
(including IRA and annuity income)
- c. Salaries and Wages _____
- d. Bonuses, Commissions & Fees .. _____
- e. Unemployment Benefits _____
- f. Interest (taxable & exempt) _____
- g. Dividends _____
- h. Capital Gains _____
- i. Net Rental Income _____
- j. Net Business Income _____
- k. Support Payments _____
- l. Inheritances _____
- m. Royalties _____
- n. Gambling & Lottery Winnings .. _____
(including New Jersey)
- o. All Other Income _____
- p. TOTAL _____

If you were SINGLE, and

Your total 1998 income was less than \$17,918, enter the total amount on Line 2 and continue completing the application.

or

Your total 1998 income was \$17,918 or more, you are not eligible for the reimbursement and you should not file this application.

If you were MARRIED, and

Your total 1998 income was less than \$21,970, enter the total amount on Line 2 and continue completing the application.

or

Your total 1998 income was \$21,970 or more, you are not eligible for the reimbursement and you should not file this application.

WORKSHEET B
1999 TOTAL INCOME

Only complete Worksheet B if you answered "Yes" on Line 4 and checked the box. If you were married as of 12/31/99, you must combine your income with your spouse's income.

- a. Social Security Benefits _____
(including Medicare Part B premiums)
- b. Total Pension Income _____
(including IRA and annuity income)
- c. Salaries and Wages _____
- d. Bonuses, Commissions & Fees .. _____
- e. Unemployment Benefits _____
- f. Interest (taxable & exempt) _____
- g. Dividends _____
- h. Capital Gains _____
- i. Net Rental Income _____
- j. Net Business Income _____
- k. Support Payments _____
- l. Inheritances _____
- m. Royalties _____
- n. Gambling & Lottery Winnings .. _____
(including New Jersey)
- o. All Other Income _____
- p. TOTAL _____

If you were SINGLE, and

Your total 1999 income was less than \$18,151, enter the total amount on Line 5 and continue completing the application.

or

Your total 1999 income was \$18,151 or more, you are not eligible for the reimbursement and you should not file this application.

If you were MARRIED, and

Your total 1999 income was less than \$22,256, enter the total amount on Line 5 and continue completing the application.

or

Your total 1999 income was \$22,256 or more, you are not eligible for the reimbursement and you should not file this application.